

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$2564.00 for date of service, 09/05/01.
- b. The request was received on 02/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. HCFA(s)
 2. EOBs
 3. Carrier reconsideration audit dated 11/14/01
 - b. Additional documentation requested on 06/11/02 and received on 06/14/02
 1. Copy of the provider's request for reconsideration, dated 10/29/01
 2. Carrier preauthorization approval dated 08/08/01
 3. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 06/20/02. The Respondent did not submit a response to the request. The "No Response Found in File" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Comments noted on the Requestor's Table of Disputed Services:

"a shoulder arthroscopy was requested & authorized [sic] these are the related procedures & should be paid-per the guidelines [sic] you only list the principle procedure requested not all codes related.

2. Respondent: No response statement

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/05/01.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$5900.00 for services rendered on the date above.
- Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date above and denied reimbursement as "A – SUBMITTED CODES EXCEED SCOPE OF PREAUTHORIZATION".
- Per the Requestor's Table of Disputed Services, the amount in dispute is \$2564.00 for services rendered on the date of service in dispute above.
- The Carrier did not respond to the provider's request for dispute resolution.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/05/01	23466	\$2500.00	\$0.00	A	\$2023.00	TWCC Rule	<p>The Requestor has billed for surgeons services rendered on 09/05/01. Carrier has denied these services as "A – SUBMITTED CODES EXCEED SCOPE OF PREAUTHORIZATION". However, the Requestor has submitted a hard copy of the Carrier's preauthorization approval, dated 08/08/01. The Carrier did not respond to the Provider's request for fee dispute resolution.</p> <p>Pursuant to TWCC Rule 134.600, effective prior to 01/01/02, surgeon's services do not require preauthorization. Additionally, TWCC Rule 133.206 (b) (1) & (2) states,... "the carrier is liable in any of the following situations for the reasonable and necessary costs of the proposed type of spinal surgery and the medically necessary care related to the spinal surgery" and 'The medically necessary care related to the spinal surgery generally includes the services of the surgeons and ancillary providers...' The Requestor has provided medical documentation to support services billed. Reimbursement in the amount of \$2564.00 (amount requested by Provider) is recommended.</p>
09/05/01	29823	\$1700.00	\$0.00	A	\$1568.00	133.206 (b) (1)	
09/05/01	23412	\$1700.00	\$0.00	A	\$1537.00	& (2); TWCC Rule 134.600; MFG SGR; CPT Descriptor	
Totals		\$5900.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$2564.00

MDR: M4-02-2254-01

The above Findings and Decision are hereby issued this 31st day of January 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2564.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31st day of January 2003.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt